

Marshall University Joan C. Edwards School of Medicine  
Student Impairment Assistance Policy

**Purpose**

Medical Education training is rightly regarded as an arduous intellectual, physical and emotionally stressful undertaking. For this reason, Marshall University Joan C. Edwards School of Medicine recognizes a special obligation to provide a means for its students to obtain assistance for distress at a point when emotional, family, financial, and physical resources are least affected. The goal is to provide help when the prospects for successful intervention are most promising.

Impairment is defined as a student who is under the adverse influence of alcohol or any narcotic or drug whether illicit or otherwise or mentally or physically unable to reason, communicate, or perform medical services in a safe and acceptable fashion; or distress that is recognized by the individual or others as detrimental to the person's or patient's well-being, or to the reputation of the Marshall University Joan C. Edwards School of Medicine.

For the benefit of the students and patients alike, this policy seeks to educate, prevent, identify, evaluate, treat and supervise students about impairment and supports systems in place in the event of an identified problem.

**Prevention and Education**

Each year during matriculation orientation an educational component addressing student impairment policies and services will be presented. Additional education will occur in the clinical orientation between the second and third year of medical education. Refresher information will be distributed as needed.

**Self-Reporting**

Medical students are strongly encouraged to seek help or assistance at a point when personal, family, financial, academic and physical functioning are least affected and the prospects for successful intervention are most promising. The MUJCESOM is eager to assist students with impairment problems and encourages them to contact their block leader, clerkship director/coordinator or any dean of the Office of Medical Education for assistance. Medical students shall not be subject to punitive actions for voluntarily acknowledging an impairment problem. Note, however, that this will not excuse violations of other policies for which the student may be subject to disciplinary action should an incident or report occur.

**Other methods of reporting**

Any medical student who displays signs of impairment may be reported by a peer, faculty or staff member. Impairment may be subtle or overt, but is most often first regarded by observers as significant and persistent change in the individual's usual and customary behavior. Such changes may be manifested in any or all of physical, emotional, family, social, educational or

clinical domains of functioning. Any and all accounts of suspicions must be reported to any member of the Office of Students Affairs, Academic Affairs or Medical Education.

The most important aspect of an effective program is CONFIDENTIALITY. If a medical student is referred for possible impairment it must be assured that all transactions from initial contacts through treatment will be conducted with the utmost prudence, sensitivity and confidentiality by the Offices of Student Affairs, Academic Affairs and Medical Education. In the event that the student is in a clinical setting, a direct report to the Clerkship Director or Coordinator should be filed.

### Crisis Intervention

To provide immediate assistance with getting through critical times, any student who is suffering from an acute problem of disturbed thought, behavior, mood or social relationship which require immediate intervention (i.e. thoughts of harming themselves or others) should contact the Office of Student Affairs, Course Block Leader or Clerkship administration immediately for crisis intervention.

Should an outside source of crisis intervention be needed the Cabell Huntington Hospital Employee Assistance Program can be contacted at 304-526-2049 during business hours, 9-1-1, or the nearest hospital emergency department. Additionally, in the event of an emergency a counseling services staff member from the Marshall University Counseling Center is available 24 hours a day seven days a week and can be reached by calling 304-696-3111.

### PROCEDURE

Individuals considered to be acutely impaired will be identified by a faculty, staff or peer. In this situation, a report must be made immediately to the Assistant Dean of Student Affairs, Clerkship Director or Coordinator. Facts should immediately be investigated and deemed relevant, including direct discussion with and observation of the individual. If a clinical department is the first report, they may contact Office of Student Affairs to begin the investigation on their behalf. Failure to cooperate or any attempt to obstruct a pending investigation may subject the individual to disciplinary action. If deems necessary in order to ensure the safety and well-being of patients or others, the Clerkship Director, Department Chairperson or authoritative personnel may immediately suspend the individual or otherwise limit their duties and responsibilities and a formal investigation will begin. The medical student in question will immediately be evaluated and treated as appropriate. In the event that the student has been cleared from all allegations, all documents removed from student files. The student will be reinstated to all classroom and clinical duties without punishment.

Upon report, a "Reasonable Cause Form" must be completed thoroughly including the date/time of the incident and a full description of the event. The form must be immediately be faxed to the Office of Student Affairs at 304-691-8640 followed by a telephone call to 304-691-8684. In the event that the situation occurs after business hours and on weekends the report may be called to the mobile phone of the Assistant Dean of Student Affairs at 304-638-0943 or email [JCESOM-Student-Affairs@marshall.edu](mailto:JCESOM-Student-Affairs@marshall.edu).

The student will be directed to immediately report to the Office of Student Affairs. If the Assistant Dean is unavailable (e.g. after hours), the Program Coordinator will notify the Vice Dean of Medical Education or Associate Dean of Academic Affairs. During after-hours or weekends, the student is required to schedule a meeting with Student Affairs within 24-48 hours.

After thorough investigation, any student noted to be impaired will be placed on Administrative Leave until further action can be taken and a thorough assessment will be made. First offense students must be formally evaluated by the Medical Director of the WV Medical Professionals Health Program. The Office of Student Affairs will aid in arranging the evaluation. At that time, the WV PHP will communicate a recommended plan of care for the student. Any student who fails or refuses to comply with the recommendations of the WVPHP will be automatically be referred to the Academic and Professionalism Standards Committee and be subjected to immediate dismissal from the school of medicine.

In order to assure that proper communication between all parties, the student must sign a release of information allowing the WV PHP to submit a general summary of the student's condition and plan of care to the Office of Student Affairs. All information exchanged will remain confidential and will be maintained in a secure file in the student's professionalism file.

“Red Flag” warning signs that possibly suggest impairment in medical students:

- Physical
  - Sleep disorders
  - Frequent accidents
  - Eating disorders
  - Deterioration in personal hygiene or appearance
  - Multiple chronic physical complaints for which no physical basis has been found
- Family
  - Conflict
  - Disturbed spouse
  - Withdrawal from family members
  - Separation or divorce proceedings
  - Sexual problems, extramarital affairs
- Social
  - Isolation from peers
  - Withdrawal from outside activities
  - Embarrassing or inappropriate behavior at social functions
  - Driving while intoxicated
  - Unreliability, unpredictability
  - Interaction with police
- Depression:
  - Risk-taking behavior
  - Tearfulness
  - Mention of death wish/suicide
  - Slowed behavior and attention

- Flat or sad affect
- Chronic exhaustion, on and off work
- Dilated or pin-point pupils
- Wide swings in mood
- Self-medication with psychotropic drugs
- Alcohol on breath at work or in class
- Uncontrolled drinking at social events
- Concerns of spouse or significant other about the use of alcohol or drugs
- Moroseness
- In Hospital
  - Unexplained absences or chronic tardiness
  - Spending excessive time at the hospital
  - Inappropriate orders in responses to phone calls
  - Marked behavioral changes
  - Decreasing quality of or interest in work
  - Increasing difficulties with peers or staff
- In Academic Settings:
  - Absence from required classes or coursework
  - Decline in grades or academic performances
  - Change in behaviors
  - Unprofessional actions

### **Reinstatement to Program**

When it is determined by the treating health care physician/treating health care professional that the medical student is ready to re-enter medical school, written documentation or recommendation of re-entry must be provided to the Office of Student Affairs who will communicate appropriately to the Office of Academic Affairs and Office of Financial Aid for reinstatement terms. Only upon receipt of appropriate and complete documentation by the treating physician/health care professional will the medical student be able to return.

Upon returning to medical school, the student will be required to sign a Back to School Agreement with the Office of Student Affairs. The agreement will outline specify the terms of re-entry. A copy of the signed agreement will be forwarded to the Office of Academic Affairs. Failure to stay in compliance with the conditions of the Back to Work Agreement, refusal to submit necessary and appropriate screening tests or who submits false sample or test positive will be grounds for an immediate Administrative Leave and referral to the Academic and Professionalism Standards Committee.

In addition the following will apply:

1. Any duration of treatment requiring absence from school will be considered a medical leave. Depending on the length of the absence for treatment the student may be required to repeat an academic year or clerkship.
2. The impaired student is fully responsible for all out-of-pocket expenses related to the treatment that extends beyond his or her insurance coverage.

3. If re-instatement is granted the student may be placed on intensive supervision for a specified period with conditions including but not limited to:
  - a. Continuation of treatment/therapy
  - b. Ongoing monitoring and periodic evaluations (Note: A monitoring program may include but not limited to the following components: (1) random drug screens; (2) written reports from counselors/therapist; (3) a self-report provided by the physician in recovery and, (4) written verification of attendance at self-help and support group meetings.)
4. Drug testing as requested by the Offices of Student Affairs, Academic Affairs or Medical Education or any Clerkship Director/Department Chair.
5. Subsequent relapse by the medical student at any time during their medical education may result in action as deemed by the Academic and Professionalism Standards Committee including dismissal.

### **Duties of medical students to report other actions against them**

Medical Students must report, in writing, to the Office of Student Affairs following circumstances within 30 days of their occurrence. Failure to report such circumstances may result in immediate referral to the Academic and Professionalism Standards Committee:

1. The opening of an investigation or disciplinary action taken against the medical student by any licensing entity.
2. An arrest, fine (over \$250), charge or conviction of a crime, indictment, imprisonment, placement on probation, or receipt of deferred adjudication; and
3. Diagnosis or treatment of a physical, mental or emotional condition which has impaired or could impair the student's ability to study medicine.

Approved:

Academic and Professionalism Standards Committee June 17, 2016

OME Policy Committee- July 26 2016

Dean – December 5, 2016